

## Air University Transcript Request Form

To request a transcript of courses or schools completed at Air University, provide the information below and mail to: Air University Registrar (AU/CFR)

60 Shumacher Ave  
Maxwell AFB, AL 36112-6337

Name: \_\_\_\_\_

(If your name has changed,  
include your name at time of attendance.)

Student ID/SSN: \_\_\_\_\_

Course/School Completed: \_\_\_\_\_

Method of Completion: Resident or Nonresident

(circle one)

Date Course/School Completed: \_\_\_\_\_

(include month, year)

Address to which transcript should be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second address if applicable:

(If requesting transcript be mailed to second address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: You may send your request via fax to DSN 493-8127 or commercial 334-953-8127. For further information call DSN 493-8128 or commercial 334-953-8128.)